

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	4					
29	2					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	2					
43	2					
44	2					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
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59	/					
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97						
98						
99						
100						

TOTAL IND.

14

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TOTAL DEP.

64

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TOTAL CLAIMS

75

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